



Application for Benefits



What Am I Applying For?

I am applying for the following benefits:

☐ **Food Stamps**

The Food Stamp program helps meet the food and nutritional needs of eligible households.

☐ **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

☐ **Refugee Cash Assistance**

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.

☐ **Medicaid**

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About Yourself

What language do you use the most? _____

Please fill out the chart below about yourself.

First Name	Middle Initial	Last Name	Suffix
Street Address Where You Live			Apt
City	State	Zip Code	
Mailing Address (if different)			
City	State	Zip Code	
Home Telephone Number	Other Contact Number	E-Mail address	
Signature		Date	
Witness Signature if signed by 'X'			
For Office Use Only		Date Received By The County	



Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☐ No
2. How much money will you and all household members get this month? \$ _____
3. How much money do you and all household members have in cash or in the bank? \$ _____
4. How much do you and all household members pay for rent or mortgage? \$ _____
5. How much do you and all household members pay for electric, water, gas, etc.? \$ _____

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store. You can choose more than one person.

Name: _____ Phone: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

First	Name Middle Initial	Last	Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen? (Yes/No)
			Self						

Race Codes (Choose all that apply):
AI – American Indian/Alaska Native **AS** – Asian **BL** – Black/African American
HP – Native Hawaiian/Pacific Islander **WH** – White



Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide who is eligible. Please answer only the questions about the benefits you want to receive.

1. Has anyone received any benefits in another county or state? ☐ Yes ☐ No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? ☐ Yes ☐ No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☐ No

4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☐ No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☐ No

Who: _____

6. Is anyone violating conditions of probation or parole? ☐ Yes ☐ No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☐ No

Who: _____

When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Signature

Date

Authorized Representative

Date

Case Manager

Date

WORKER NOTES